

operation of the drug may be accompanied by a little griping and by unformed stools. Should these continue to the fourth day, administer only quarter-grain doses, and combine them with an equal quantity of ipecacuanha. If after, the drug does not operate in the manner described, it is not likely to prove successful, and had better be relinquished. When the right dose is determined, its use may be continued without fear of injurious consequences; and instead of requiring to be increased, may after a time be diminished without affecting the success of its operation.—*Med. Times and Gaz.*, Jan. 4, 1862.

20. *Oxalate of Cerium in Epilepsy*.—Dr. RAMSKILL has used oxalate of cerium lately at the Hospital for the Epileptic and Paralyzed. He says it has proved serviceable in some cases of epilepsy, having as an aura, or premonitory symptom of the attack, some commotion of the stomach or duodenum evidenced by a feeling of agitation at the epigastrium, accompanied by a sense of sinking, fainting, and disordered movement, but unconnected with palpitation. In three cases, which we shall give shortly, the epilepsy was cured. It has not proved useful in any degree in any other forms of epilepsy, where the premonitory symptoms had relation to the head, as vertigo, confusion, etc., nor to the heart, as palpitation, or feeling of cessation of the heart's action, nor, indeed, to any other variety except in the one mentioned, which seems, he believes, to have its origin in failure of action of the splanchnic ganglia. He thinks that the oxalate acts as a sedative and conserves of nervous force. The sedative action acting on the periphery of the pneumogastric, conveys this influence to the grand centre of excito-motor action, the medulla, and thus not only prevents an impending attack, but diminishes the chance of future fits by lessening morbid excito-motor sensibility.—*Med. Times and Gaz.*, Jan. 4, 1862.

21. *Efficacy of a Combination of Cubebs and Copaiiba in some Affections of the Neck of the Bladder and of the Prostatic Part of the Urethra*.—Dr. CAUDMONT has employed cubebs and copaiiba in different affections of the neck of the bladder and of the prostatic portion of the urethra, and the results have convinced him that these medicines exert a much more certain action over these parts than over the anterior portion of the urinary canal. In some cases, he administered the copaiiba alone, in other cases the cubebs alone; but in general he combines these two drugs, because it appeared to him that the digestive organs were more tolerant of their administration in this form. The morbid conditions in which these medicines are indicated, may be referred to forms of neuralgia or inflammation. The neuralgic eases begin suddenly, without being preceded by any functional disturbance, and the symptoms are immediately very severe; there is frequent desire to make water, severe pain during that process, and especially at its conclusion, and darting pains along the inferior surface of the penis during the intervals of micturition. This neuralgic form occurs in persons who are subject to neuralgia in other parts of the body. The other class of cases presents an inflammatory character, and a few drops of blood are voided at the end of each act of micturition. The greater number of such cases may be referred to a blennorrhœal or rheumatic origin, and the urine deposits gravel, or contains a considerable quantity of mucus or muco-pus. In all these cases, whether neuralgic or inflammatory, the use of copaiiba and cubebs is very successful, and entirely removes the pain in from twenty-four to forty-eight hours. Dr. Caudmont administers these medicines in the form of sugar-plums (*dragées*), each containing forty centigrammes of the mixed cubebs and copaiiba (a centigramme is .1543 of a troy grain), and fifteen, eighteen, or twenty-four of these are given every day, according to the intensity of the disease.—*Brit. and For. Med.-Chir. Rev.*, Jan. 1862, from *Bull. Gén. de Théráp.*, July 30, 1861.

22. *Cubebs in Simple Urethritis of Women*.—Prof. TROUSSEAU remarks that simple urethritis is a disease which is tolerably frequent in young girls, but more frequent in married women, and it is characterized by a frequent desire to make water, with severe smarting during micturition, and vesical tenesmus lasting some minutes afterwards. Troussseau has known patients obliged to go to the water-closet ten or fifteen times in an hour, and after having passed a few drops

of urine they went on straining for a minute or more, so imperious was the sensation of desiring to evacuate the bladder, which, however, was perfectly empty. In some cases, it would appear that the inflammation is propagated to the mucous membrane of the bladder. Rousseau has never found this disease to assume a serious form, and it is seldom accompanied with fever, but there are often pains in the loins and hypogastrium analogous to those observed in cystitis and metritis. Urethritis is rather common after lying-in, after miscarriage, or at the period of menstruation, and in some cases it appears to be connected with an herpetic diathesis. Whatever may be the exact form of this disease, cubebes are successfully employed in its removal. Rousseau has employed this treatment for more than twenty years, and the use of cubebes was suggested by its efficacy in venereal blennorrhagia. In simple urethritis it is not necessary to give large doses of cubebes, and in general the powder may be prescribed in the dose of $\frac{3}{2}$ ss to $\frac{3}{2}$ j, twice a day, at meals. It should be continued several days, and as long as the symptoms last; when improvement begins the cubebes are given only once a day for a week, and in the following week, if the improvement continues, the cubebes are given only once every second day.—*Ibid.*, from *Bull. Gén. de Thérap.*, July 15, 1861.

23. *Poisoning by Opium treated by Belladonna.*—A man who had drunk about an ounce and a-half of laudanum came under Dr. MOTHERWELL's treatment at the Melbourne Hospital, deeply comatose, and with the pupils contracted to pin's head size. Doubting the propriety of treating this description of case by keeping the patient in constant motion, and the employment of galvanism, and desirous of testing the reputed antagonistic action of belladonna in overdosing from opium, Dr. Motherwell prescribed the tincture in such quantities that the patient had taken eleven drachms and a-half in less than three hours. Effectual dilatation of the pupil did not take place until then, the patient rapidly recovering from the effects of both poison and remedy. This case being a solitary one, and the laudanum having been taken fourteen hours before the belladonna was begun, nothing very conclusive can be drawn from it; but Dr. Motherwell, in another case of opium poisoning, would not hesitate to prescribe still larger doses of belladonna, rousing the patient occasionally, or applying the cold douche for a minute or two when the coma was profound.—*Med. Times and Gaz.*, Jan. 4, 1862, from *Australian Medical Journal*, Oct. 1861.

[The preceding case tends to confirm the observations of Dr. C. C. Lee (see No. of this Journal for Jan. 1862, p. 54) as to the antagonistic effects of opium and belladonna. A very remarkable case has lately occurred in this city, an account of which we are promised for our next Number, which we conceive to be very conclusive as to the same fact. In this case *serenty-five* grains of morphia were swallowed with suicidal intent, and the patient, after taking *fifty* grains of the best extract of belladonna, recovered.—EDITOR.]

24. *On some Affections of the Cœcal Portion of the Intestines, with illustrative cases.*—Dr. REED read an interesting paper on this subject before the Royal Medical and Chirurgical Society (Jan. 14, 1862), the principal object of which was to bring under the notice of the Fellows the four subjoined cases, which present some remarkable features of a practical nature; it was deemed to be superfluous and misplaced to enter upon the diagnostic signs of the several abnormal conditions with which lodgments or accumulation, together with their results, in the cœcal portion of the intestinal canal, might possibly be confounded; but it might be stated, in speaking of diseases of the intestinal tube, that two conditions are recognized—the one resulting from an excessive accumulation of intestinal contents at some particular part of its course, as the primary cause; the other, as commencing in the structure of the intestine itself, apparently independent of any accumulation or lodgment; and to these a third may be added, resulting from formations that take place exterior to the intestinal tubes, but occasionally influencing the diameter of its canal and its functions. The most reliable signs of lodgment or accumulation in the cœcal portion of the intestine are of a local character; and it is essential to bear in mind, that pain without the coexistence of other symptoms, is not to be depended upon, as in